

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number <b>U-7896</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing.	
Name <b>Robert Murphy</b>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any <b>P.O. Box 3157</b>	Name <b>FUGR Local 841</b>
Street <b>6801 South US Highway 41</b>	Labor Organization File Number <b>031-098</b>
City <b>Terre Haute</b>	P.O. Box, Building and Room Number, if any <b>P.O. Box 3157</b>
State <b>Indiana</b>	Street <b>6801 South US Highway 41</b>
ZIP Code + 4 <b>47802</b>	City <b>Terre Haute</b>
State <b>Indiana</b>	ZIP Code + 4 <b>47802</b>
5. Position in labor organization. <b>Local Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name <input type="text"/>	7.a. Nature of interest, Transaction, or Income. <input type="text"/>
Trade Name, if any <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	7.b. Amount. <input type="text"/>
City <input type="text"/>	
State <input type="text"/>	
ZIP Code + 4 <input type="text"/>	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
Signed <u>Robert Murphy</u> On <b>8-9-05</b> Date <b>8-9-05</b> Telephone Number <b>217/354-4858</b>

Name of Person Filing Robert Murphy		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>IUOE Local 841</b>          Trade Name, if any: <b></b>          P.O. Box, Bldg., Room No., if any <b>P.O. Box 2357</b>          Street <b>6291 South US Highway 41</b>          City <b>Terre Haute</b>          State <b>Indiana</b> ZIP Code + 4 <b>47302</b></p>		
<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>IUOE Local 841 Apprenticeship</b>          Trade Name, if any: <b></b>          P.O. Box, Bldg., Room No., if any <b>P.O. Box 145</b>          Street <b>2034 W. 1800 S.</b>          City <b>Universal</b>          State <b>Indiana</b> ZIP Code + 4 <b>47284</b></p>		
<p>11.a. Nature of such dealing.  <b>The membership trust reimbursed IUOE Local 841 for Robert Murphy's attendance at the IUOE Training, Safety &amp; Health Conference and attendance at the National Commission Certification of Crane Operators Accredited Instructor's Course.</b></p>		
<p>11.b. Approximate dollar value of such dealing. <b>\$2,072</b></p>		
<p>12.a. Nature of interest held or income received.  <b>Reimbursement of travel and course expenses:          Safety &amp; Health Conference \$ 1,846          Crane Operators Accred. Course 226</b></p>		
<p>12.b. Amount. <b>\$2,072</b></p>		
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b></b>          Trade Name, if any: <b></b>          P.O. Box, Bldg., Room No., if any <b>1200 N. Meridian Street</b>          Street <b>1200 N. Meridian Street</b>          City <b>Indianapolis</b>          State <b>Indiana</b> ZIP Code + 4 <b>46204</b></p>		
<p>14.a. Nature of payment.</p> <p><b></b></p>		
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		
<p>14.b. Amount of payment. <b></b></p>		